CONTAINS NO CBI

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

Recd. 5/14/90

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
CBI mo. day year

[ ] a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. ..... [ ][ ][ ][5][8][4]-[8][4]-[9]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule ..... _____

(ii) Name of mixture as listed in the rule .... _____

(iii) Trade name as listed in the rule ..... _____

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule ..... _____

CAS No. of chemical substance ..... [ ][ ][ ][ ][ ][ ]-[ ][ ]-[ ]

Name of chemical substance ..... _____

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer 1

[ ] Importer 2

Processor ..... (3)

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

90-9000000042

EPA-OTS

0010183306

[ ] Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with in the above-listed Federal Register Notice?

CBI

[ ] Yes ..... [ ] Go to question 1.

[ ] No ..... [ ] Go to question 1.

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice Circle the appropriate response.

CBI

[ ] Yes .....

[ ] No .....

b. Check the appropriate box below:

[ ] You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) .... _____

_____

[ ] You have chosen to report for your customers

[ ] You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

[ ] Trade name ..... ABLEBOND 724-14C

Is the trade name product a mixture? Circle the appropriate response.

Yes .....

No .....

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

[ ] "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

HARRY J. LYONS
NAME

Harry J. Lyons
SIGNATURE

10-12-89
DATE SIGNED

VICE PRESIDENT, QUALITY
TITLE

(703) 552-3011
TELEPHONE NO.

[ ] Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with i in the above-listed Federal Register Notice?

CBI

[ ] (Yes) ..... [ ] Go to question 1.

No ..... [ ] Go to question 1.

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice Circle the appropriate response.

CBI

[ ] Yes .....

(No) .....

b. Check the appropriate box below:

[ ] You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) .... _____

_____

[ ] You have chosen to report for your customers

[ ] You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

[ ] Trade name ..... CONATHANE EN-11

Is the trade name product a mixture? Circle the appropriate response.

(Yes).....

No .....

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

[ ] "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

HARRY J. LYONS
NAME

Harry J. Lyons
SIGNATURE

10-12-89
DATE SIGNED

VICE PRESIDENT, QUALITY
TITLE

(703) 552 - 3011
TELEPHONE NO.

[ ] Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI
[__]

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NA

NAME	SIGNATURE	DATE SIGNED
TITLE	(_____) _____ - _____ TELEPHONE NO.	DATE OF PREVIOUS SUBMISSION

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI
[__]

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NA

NAME	SIGNATURE	DATE SIGNED
TITLE	(_____) _____ - _____ TELEPHONE NO.	

[__] Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [P][O][L][Y][-][S][C][I][E][N][T][I][F][I][C][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ] Address [1][2][1][3][ ][N][ ][M][A][I][N][ ][S][T][R][E][E][T][ ][ ][ ][ ][ ][ ][ ]
Street

[B][L][A][C][K][S][B][U][R][G][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
City

[V][A] [2][4][0][6][0]--[3][1][2][7]
State Zip

Dun & Bradstreet Number .....[0][1]-[9][0][0]-[1][8][4][1]

EPA ID Number ..... VA.D.[0][5][8][9][0][9][2][5][0]

Employer ID Number .....[9][5][2][2][7][7][7][6][0]

Primary Standard Industrial Classification (SIC) Code .....[3][6][7][9]

Other SIC Code .....[3][6][2][1]

Other SIC Code .....[3][6][6][2]

1.10 Company Headquarters Identification

CBI Name [P][O][L][Y][-][S][C][I][E][N][T][I][F][I][C][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

[ ] Address [1][2][1][3][ ][N][ ][M][A][I][N][ ][S][T][R][E][E][T][ ][ ][ ][ ][ ][ ][ ]
Street

[B][L][A][C][K][S][B][U][R][G][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
City

[V][A] [2][4][0][6][0]--[3][1][2][7]
State Zip

Dun & Bradstreet Number .....[0][1]-[9][0][0]-[1][8][4][1]

Employer ID Number .....[9][5][2][2][7][7][7][6][0]

[ ] Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name [L][I][T][T][O][N] [I][N][D][U][S][T][R][I][E][S] [I][N][C]

[ ] Address [3][6][0] [N] [C][R][E][S][C][E][N][T] [D][R][I][V][E]
Street

[B][E][V][E][R][L][Y] [H][I][L][L][S]
City

[C][A] [9][0][2][1][0]--[4][8][6][7]
State Zip

Dun & Bradstreet Number .....[0][1]-[9][0][0]-[1][8][4][1]

1.12 Technical Contact

CBI Name [M][I][L][D][R][E][D] [P][O][S][E][Y]

[ ] Title [C][H][E][M][I][S][T]

Address [1][2][1][3] [N] [M][A][I][N] [S][T][R][E][E][T]
Street

[B][L][A][C][K][S][B][U][R][G]
City

[V][A] [2][4][0][6][0]--[3][1][2][7]
State Zip

Telephone Number .....[7][0][3]-[5][5][2]-[3][0][1][1]

1.13 This reporting year is from ..... [0][8] [8][8] to [0][7] [8][9]
Mo. Year Mo. Year

[ ] Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller:

NA

CBI Name of Seller [ ]

[ ] Mailing Address [ ]
Street

[ ]
City

[ ][ ] [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]
State Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ]

Date of Sale .....[ ][ ] [ ][ ] [ ][ ]
Mo. Day Year

Contact Person [ ]

Telephone Number .....[ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer:

NA

CBI Name of Buyer [ ]

[ ] Mailing Address [ ]
Street

[ ]
City

[ ][ ] [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]
State Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ]

Date of Purchase .....[ ][ ] [ ][ ] [ ][ ]
Mo. Day Year

Contact Person [ ]

Telephone Number .....[ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

[ ] Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

[ ]

Classification	Quantity (kg/yr)
Manufactured	NA
Imported	NA
Processed (include quantity repackaged)	~~NA~~ 4 kg.
Of that quantity manufactured or imported, report that quantity:	
In storage at the beginning of the reporting year	NA
For on-site use or processing	NA
For direct commercial distribution (including export)	NA
In storage at the end of the reporting year	NA
Of that quantity processed, report that quantity:	
In storage at the beginning of the reporting year	1 kg
Processed as a reactant (chemical producer)	NA
Processed as a formulation component (mixture producer)	NA
Processed as an article component (article producer)	~.56 kg
Repackaged (including export)	NA
In storage at the end of the reporting year	1 kg

[ ] Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

[ ]

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
CONATHANE EN-11 pt. A	CONAP	
- TOLUENE 2,4 DIISOCYANATE (584-84-9)		< 15%
- NO OTHER INGREDIENTS		
ARE LISTED		
		Total 100%

[ ] Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

[ ]

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
ABLEBOND 724-14C	ABLESTIK LABORATORIES	
- TOLUENE DIISOCYANATE (584-84-9)		< 4 %
- NO OTHER INGREDIENTS ARE LISTED.		
	Total	100%

[ ] Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

[ ] Year ending ..... [0][7] Mo. [8][7] Year

Quantity manufactured ..... NA kg

Quantity imported ..... NA kg

Quantity processed ..... 4 kg

Year ending ..... [0][7] Mo. [8][6] Year

Quantity manufactured ..... NA kg

Quantity imported ..... NA kg

Quantity processed ..... 4 kg

Year ending ..... [0][7] Mo. [8][5] Year

Quantity manufactured ..... NA kg

Quantity imported ..... NA kg

Quantity processed ..... 4 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

NA

[ ]

Continuous process 1

Semicontinuous process 2

Batch process 3

[ ] Mark (X) this box if you attach a continuation sheet.

2.06 CBI Specify the manner in which you processed the listed substance. Circle all appropriate process types.

[ ]

Continuous process 1

Semicontinuous process 2

Batch process 3

2.07 CBI State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

[ ]

Manufacturing capacity ..... _____ kg/yr

Processing capacity ..... _____ kg/yr

2.08 CBI If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

[ ]

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	NA	NA	2 Kg
Amount of decrease	NA	NA	0 Kg

[ ] Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

[ ]

	Days/Year	Average Hours/Day
Process Type #1 (The process type involving the largest quantity of the listed substance.)		
Manufactured	NA	NA
Processed	8	0.5
Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)		
Manufactured		
Processed		
Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)		
Manufactured		
Processed		

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

[ ]

Maximum daily inventory	0	kg
Average monthly inventory	0	kg

[ ] Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

[ ]

NA

CAS No.	Chemical Name	Byproduct, Coproduct or Impurity[1]	Concentration (%) (specify ± % precision)	Source of Byproducts, Coproducts, or Impurities

[1]Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

[ ] Mark (X) this box if you attach a continuation sheet.

2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI
[ ]

a. Product Types[1]	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users[2]
B	90 %	100 %	I
K	10 %	100 %	I

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI
[ ]

a. Product Types[1]	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users[2]
B	90 %	100%	I
K	10 %	100%	I

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

2.14 CBI [ ] Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

a. Product Type[1]	b. Final Product's Physical Form[2]	c. Average % Composition of Listed Substance in Final Product	d. Type of End-Users[3]
B	H	0 %	I
K	H	0 %	I

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/ Sensitizer
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the final product's physical form:

A = Gas
B = Liquid
C = Aqueous solution
D = Paste
E = Slurry
F1 = Powder
F2 = Crystalline solid
F3 = Granules
F4 = Other solid
G = Gel
H = Other (specify) RUBBER

[3]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

2.15 CBI Circle all applicable modes of transportation used to deliver bulk shipments of the listed substance to off-site customers.

NA

[ ] Truck 1

Railcar 2

Barge, Vessel 3

Pipeline 4

Plane 5

Other (specify) _____ 6

2.16 CBI Customer Use -- Estimate the quantity of the listed substance used by your customers or prepared by your customers during the reporting year for use under each category of end use listed (i-iv).

NA

[ ]

Category of End Use

i. Industrial Products

Chemical or mixture ..... _____ kg/yr

Article ..... _____ kg/yr

ii. Commercial Products

Chemical or mixture ..... _____ kg/yr

Article ..... _____ kg/yr

iii. Consumer Products

Chemical or mixture ..... _____ kg/yr

Article ..... _____ kg/yr

iv. Other

Distribution (excluding export) ..... _____ kg/yr

Export ..... _____ kg/yr

Quantity of substance consumed as reactant ..... _____ kg/yr

Unknown customer uses ..... _____ kg/yr

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.
[ ]

Source of Supply	Quantity (kg)	Average Price ($/kg)
The listed substance was manufactured on-site.		
The listed substance was transferred from a different company site.		
The listed substance was purchased directly from a manufacturer or importer.	.5 Kg	DK
The listed substance was purchased from a distributor or repackager.	.5 Kg	DK
The listed substance was purchased from a mixture producer.		

3.02 Circle all applicable modes of transportation used to deliver the listed substance to
CBI your facility.
[ ]

Truck ..... (1)
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) _____ 6

[ ] Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.
CBI

[ ]

Bags 1

Boxes ..... (2)

Free standing tank cylinders 3

Tank rail cars 4

Hopper cars 5

Tank trucks 6

Hopper trucks 7

Drums 8

Pipeline 9

Other (specify) SYRINGES, CANS ..... (10)

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks. NA

Tank cylinders ..... _____ mmHg

Tank rail cars ..... _____ mmHg

Tank trucks ..... _____ mmHg

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the CBI average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

[ ]

Trade Name	Supplier or Manufacturer	Average % Composition by Weight (specify ± % precision)	Amount Processed (kg/yr)
ABLEBOND 724-14C	ABLESTIK LABORATORIES	< 4%	0.15%
CONATHANE EN11	CONAP	< 15%	0.59%

[ ] Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 CBI [ ] State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

	Quantity Used (kg/yr)	% Composition by Weight of Listed Substance in Raw Material (specify ± % precision)
Class I chemical	NA	
Class II chemical	NA	
Polymer	0.5996	< 15%
	0.1596	< 4%

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

4.01 Specify the percent purity for the three major[1] technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

[ ] NA

	Manufacture	Import	Process
Technical grade #1	_____% purity	_____% purity	_____% purity
Technical grade #2	_____% purity	_____% purity	_____% purity
Technical grade #3	_____% purity	_____% purity	_____% purity

[1]Major = Greatest quantity of listed substance manufactured, imported or processed.

4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ..... (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source ..... (2)

[ ] Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1

No ..... (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[ ]

	Physical State				
Activity	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	(3)	4	5
Store	1	2	(3)	4	5
Dispose	(1)	2	3	4	5
Transport	1	2	3	4	5

[ ] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

[ ]

NA

Physical State		Manufacture	Import	Process	Store	Dispose	Transport
Dust	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Powder	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Fiber	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Aerosol	<1 micron						
	1 to <5 microns						
	5 to <10 microns						

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis: DK

Absorption spectrum coefficient (peak) .... _____ (1/M cm) at _____ nm

Reaction quantum yield, ϕ ..... _____ at _____ nm

Direct photolysis rate constant, k_p, at ... _____ 1/hr _____ latitude

b. Oxidation constants at 25°C:

For $^1O_2$ (singlet oxygen), k_{ox} ..... _____ 1/M hr

For RO_2 (peroxy radical), k_{ox} ..... _____ 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... _____ mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b... _____ 1/hr

Specify culture ..... _____

e. Hydrolysis rate constants:

For base-promoted process, k_B ..... _____ 1/M hr

For acid-promoted process, k_A ..... _____ 1/M hr

For neutral process, k_N ..... _____ 1/hr

f. Chemical reduction rate (specify conditions) _____

_____

g. Other (such as spontaneous degradation) ... _____

_____

[ ] Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

DK

Media	Half-life (specify units)
Groundwater	
Atmosphere	
Surface water	
Soil	

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

CAS No.	Name	Half-life (specify units)	Media
			in
			in
			in
			in

5.03 Specify the octanol-water partition coefficient, K_{ow} ... DK at 25°C

Method of calculation or determination .....

5.04 Specify the soil-water partition coefficient, K_d ..... DK at 25°C

Soil type .....

5.05 Specify the organic carbon-water partition coefficient, K_{oc} ..... DK at 25°C

5.06 Specify the Henry's Law Constant, H ..... DK atm-m^3/mole

[ ] Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

Bioconcentration Factor	Species DK	Test[1]

[1]Use the following codes to designate the type of test:

F = Flowthrough
S = Static

[ ] Mark (X) this box if you attach a continuation sheet.

6.04 CBI [ ] For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

Market	Quantity Sold or Transferred (kg/yr)	Total Sales Value ($/yr)
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		
_____		

6.05 CBI [ ] Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

Substitute	Cost ($/kg)
H12 MDI - METHYLENE DIANILINE	DK

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

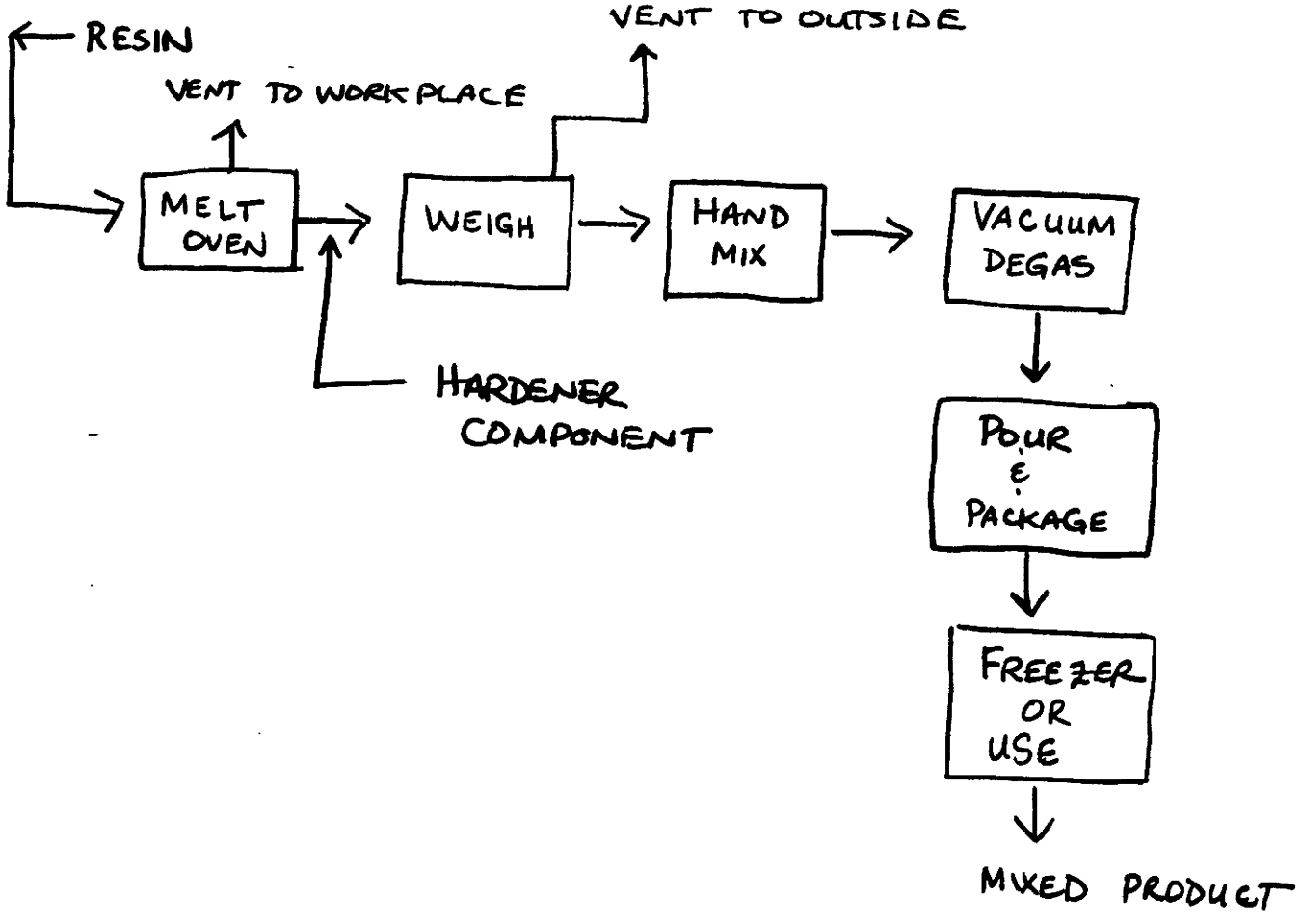
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11, PT. A.



[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

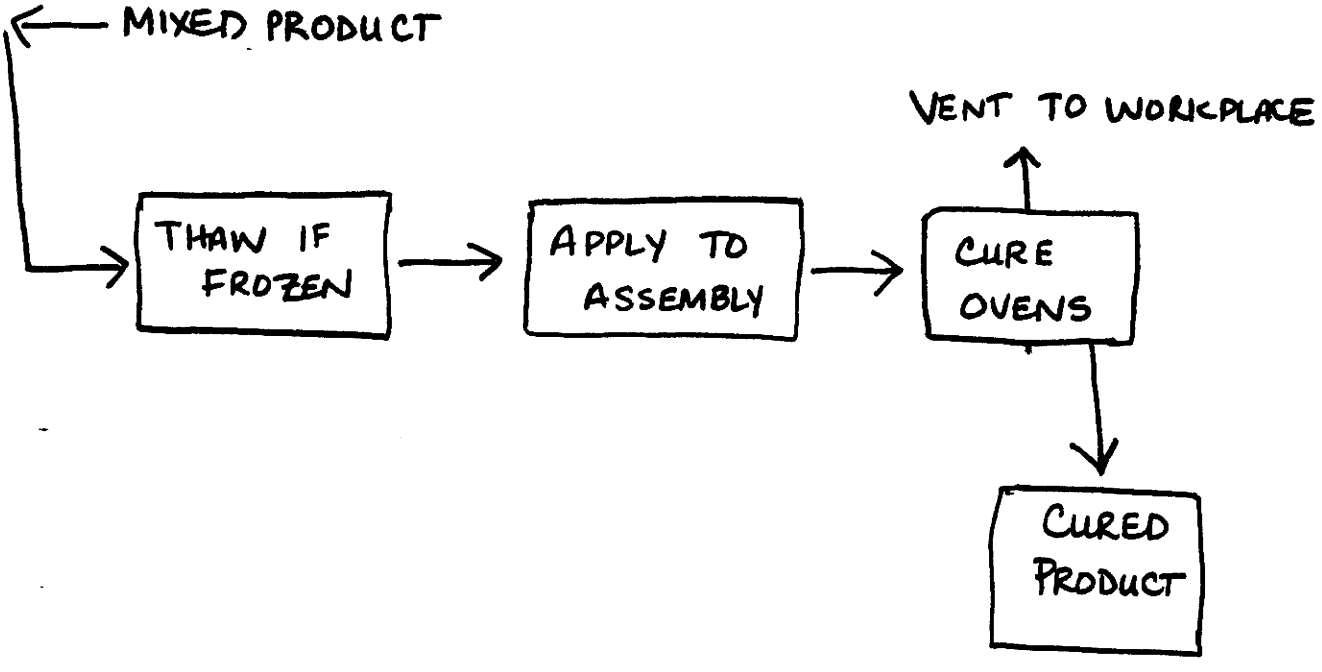
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-11C AND CONAP EN-11

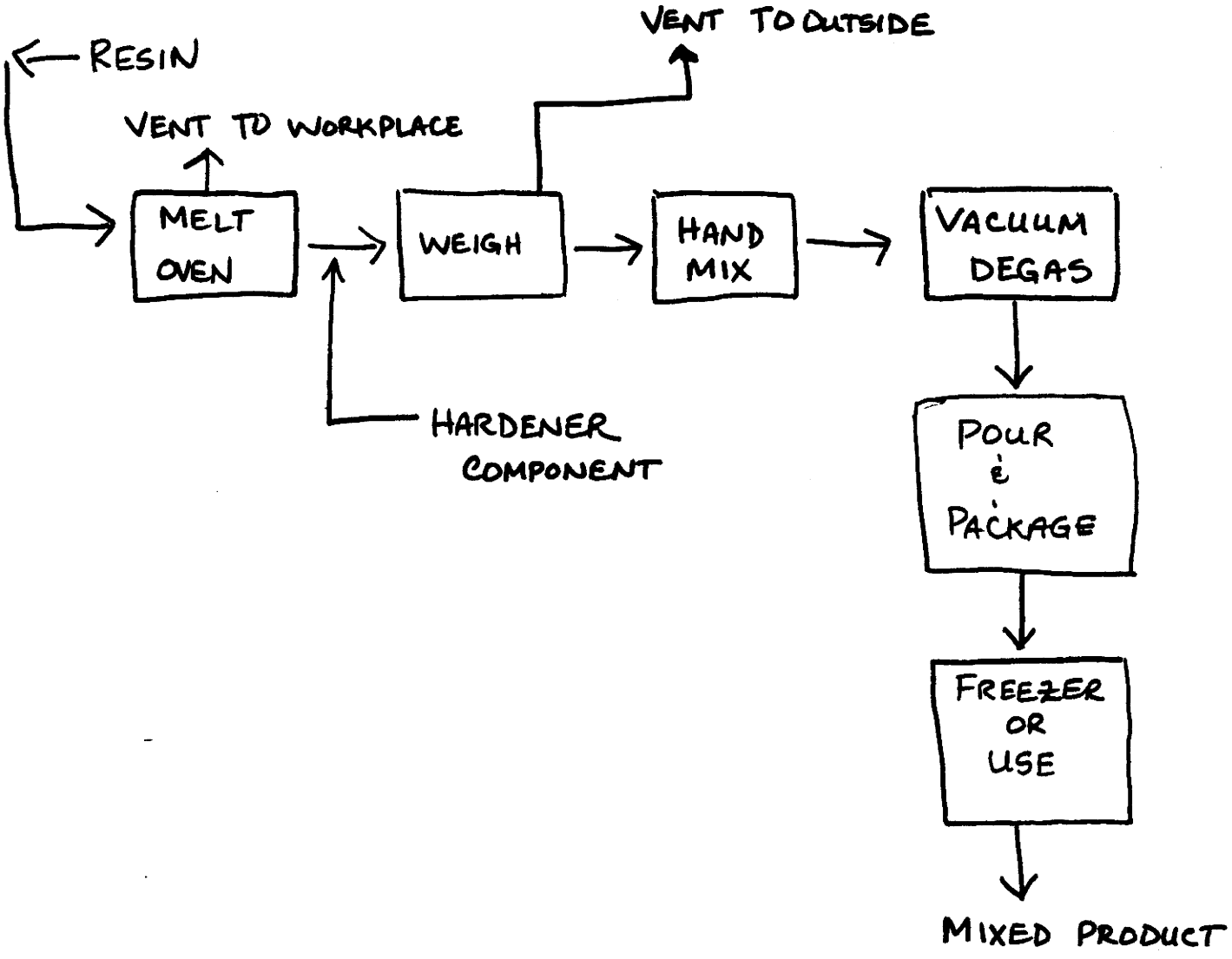


[ ] Mark (X) this box if you attach a continuation sheet.

7.02 In accordance with the instructions, provide a separate process block flow diagram showing each of the three major (greatest volume) process types involving the listed substance.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11, PTA

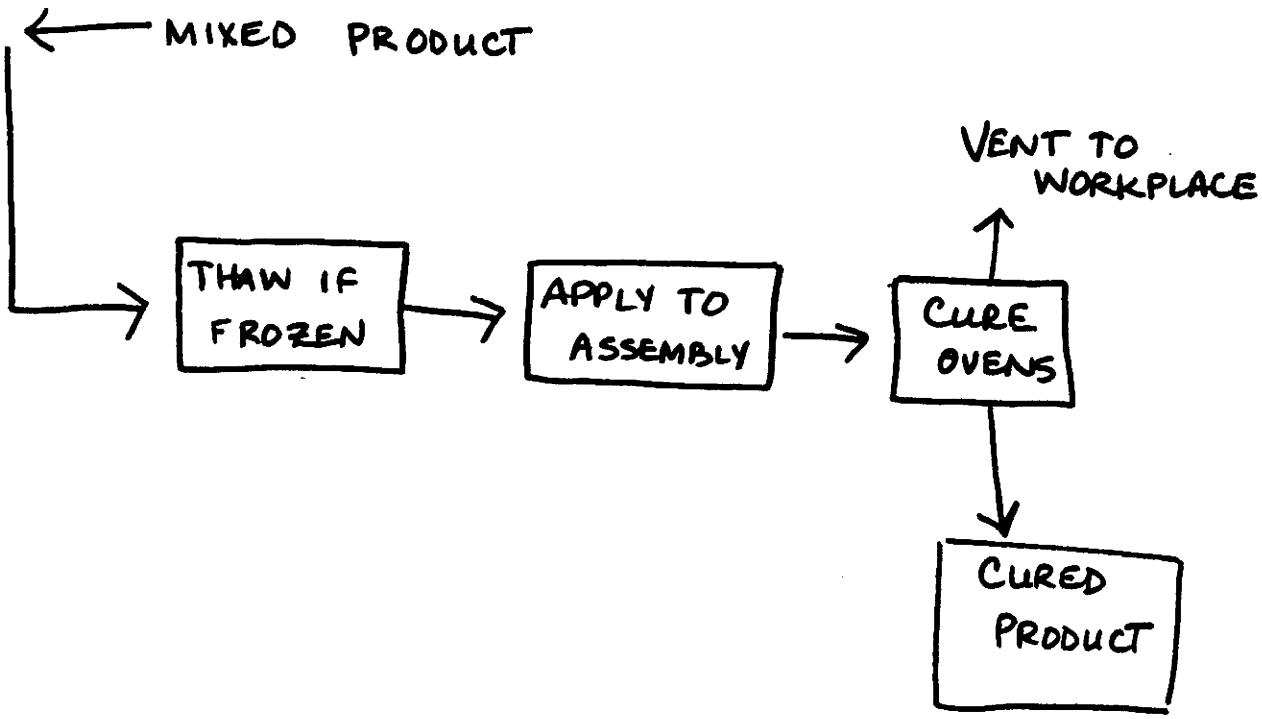


[ ] Mark (X) this box if you attach a continuation sheet.

7.02 In accordance with the instructions, provide a separate process block flow diagram showing each of the three major (greatest volume) process types involving the listed substance.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

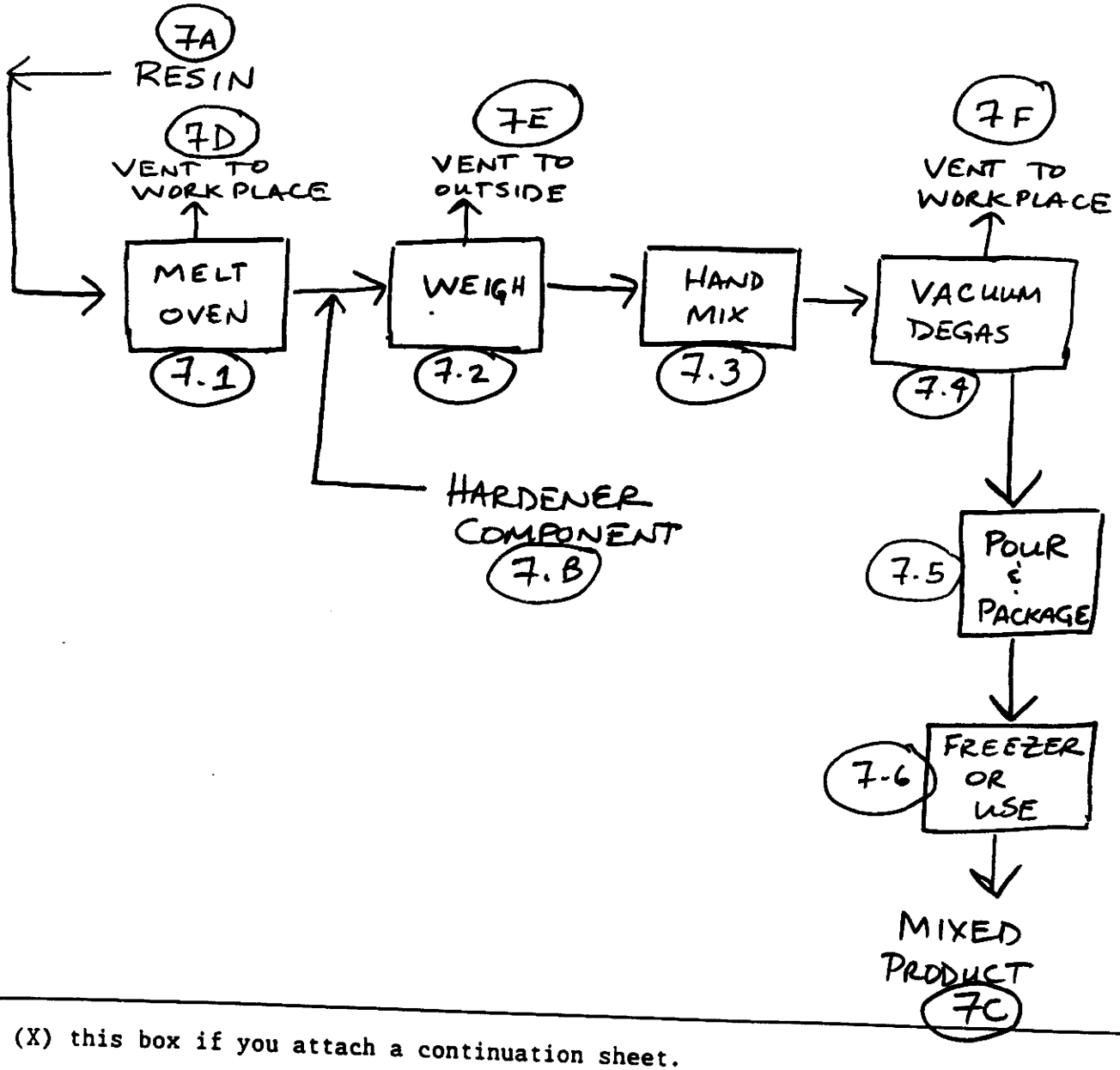


[ ] Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11, PT A

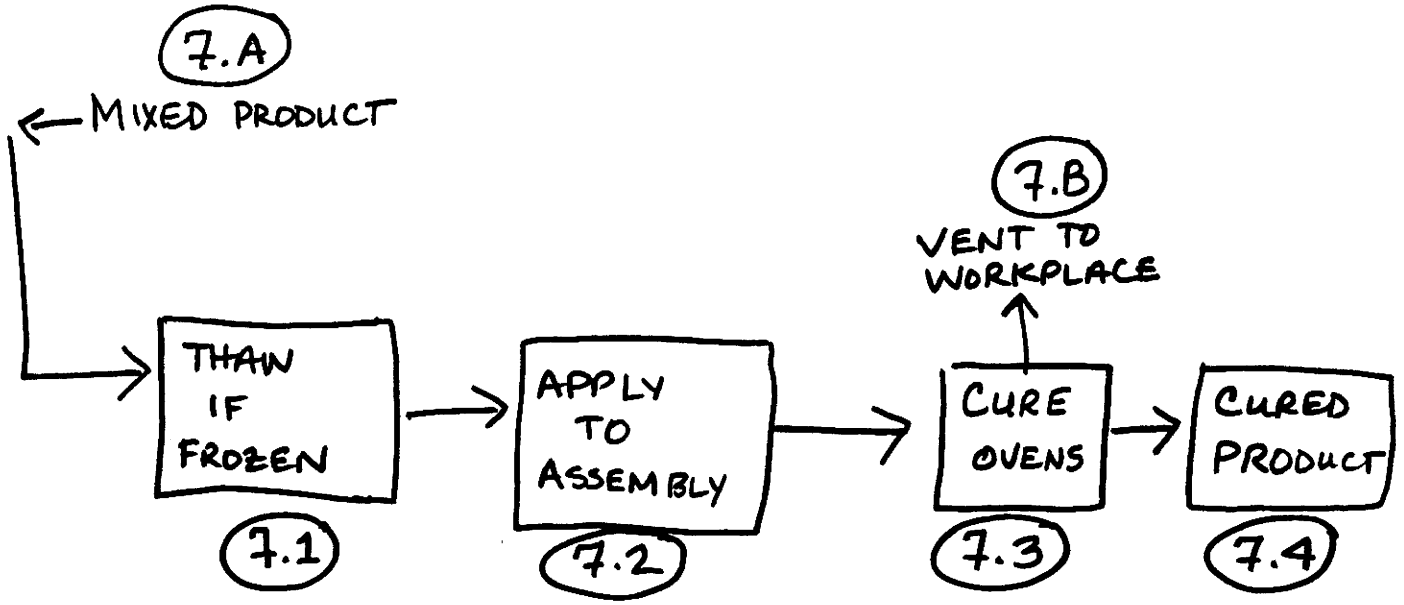


[ ] Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

[ ] Process type ..... USE OF ABLEBOND 924-19C AND CONAP EN-11



[ ] Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11, PT A

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
7A	NONE	ROOM TEMP.	AMBIENT	STEEL CAN
7B	NONE	ROOM TEMP.	AMBIENT	STEEL CAN
7C	SYRINGE	ROOM TEMP.	AMBIENT	POLYPROPYLENE
7D	VENT PIPES	ROOM TEMP.	AMBIENT	STEEL PIPE
7E	VENT PIPES	ROOM TEMP.	AMBIENT	STEEL PIPE
7F	VENT PIPES	ROOM TEMP.	AMBIENT	STEEL PIPE
7.1	OVEN	60°C	AMBIENT	STAINLESS STEEL
7.2	BALANCE / BEAKER	ROOM TEMP.	AMBIENT	GLASS
7.3	BEAKER	ROOM TEMP.	AMBIENT	GLASS
7.4	VACUUM BELL JAR	ROOM TEMP.	0-28 Hg VACUUM	GLASS
7.5	BEAKER / SYRINGE	ROOM TEMP.	AMBIENT	GLASS, POLYPROPYLENE
7.6	SYRINGE	-40 °C	AMBIENT	POLYPROPYLENE

[ ] Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN 11

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition
7.A	SYRINGE	-40 °C	AMBIENT	POLYPROPYLENE
7.B	VENTS	ROOM TEMP.	AMBIENT	STEEL
7.1	SYRINGE	ROOM TEMP.	AMBIENT	POLYPROPYLENE
7.2	VARIOUS SUBSTRATES	ROOM TEMP.	AMBIENT	METAL
7.3	OVEN	60 - 80°C	AMBIENT	METAL
7.4	NONE	ROOM TEMP.	AMBIENT	METAL

[ ] Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Process Stream ID Code	Process Stream Description	Physical State[1]	Stream Flow (kg/yr)
7A	RESIN	OL	DK
7B	HARDENER	OL	DK
7C	MIXED PRODUCT	OL	DK
7D	VENT	GU	DK
7E	VENT	GU	DK
7F	VENT	GU	DK
7.1	MELT IN OVEN	OL	DK
7.2	WEIGH MIXTURE	OL	DK

[1]Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☒ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Process Stream ID Code	Process Stream Description	Physical State[1]	Stream Flow (kg/yr)
7.3	HAND MIX	OL	DK
7.4	VACUUM	OL	DK
7.5	POUR & PACKAGE	OL	DK
7.6	FREEZER OR USE	SO, OL	DK

[1]Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[ ] Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Process Stream ID Code	Process Stream Description	Physical State[1]	Stream Flow (kg/yr)
7.A	MIX PRODUCT	OL, SY	DK
7.B	VENT	GU	DK
7.1	THAW	SY	DK
7.2	APPLY TO ASSEMBLY	SY, OL	DK
7.3	CURE IN OVENS	SY, OL	DK
7.4	CURED PRODUCT	SO	DK

[1]Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[ ] Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

[ ] Process type ..... USE OF ABLEBOND 721-11C AND CONAP EN-11

a. Process Stream ID Code	b. Known Compounds[1]	c. Concentrations[2,3] (% or ppm)	d. Other Expected Compounds	e. Estimated Concentrations (% or ppm)
7.A.	TOLUENE DIISOCYANATE (584-84-9) (FOR ABLEBOND)	< 4%	DK	DK
	ALL OTHER COMPONENTS ARE NOT LISTED.			
7.1	TOLUENE DIISOCYANATE (584-84-9) (FOR ABLEBOND)	< 4%	DK	DK
	ALL OTHER COMPONENTS ARE NOT LISTED			
7.2	TOLUENE DIISOCYANATE (584-84-9) (FOR ABLEBOND)	< 4%	DK	DK
	ALL OTHER COMPONENTS ARE NOT LISTED			

7.06 continued below

7.3 SAME AS ABOVE

7.4 SAME AS ABOVE

☒ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

[ ] Process type ..... USE OF ABLEBOND 724-19C AND CONAP EN-11

a. Process Stream ID Code	b. Known Compounds[1]	c. Concentrations[2,3] (% or ppm)	d. Other Expected Compounds	e. Estimated Concentrations (% or ppm)
7.A FOR CONAP	TOLUENE DIISOCYANATE (584-84-9)	< 15%	DK	DK
	ALL OTHER MATERIALS ARE TRADE SECRETS — NOT LISTED ON MSDS			
7.1	TOLUENE DIISOCYANATE (584-84-9)	< 15%	DK	DK
	ALL OTHER MATERIALS ARE TRADE SECRETS - NOT LISTED ON MSDS			
7.2	TOLUENE DIISOCYANATE (584-84-9)	< 15%	DK	DK
	ALL OTHER MATERIALS ARE TRADE SECRETS, NOT LISTED ON MSDS			

7.06 continued below

7.3 SAME AS ABOVE

7.4 SAME AS ABOVE

[ ] Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN11

a. Process Stream ID Code	b. Known Compounds[1]	c. Concentrations[2,3] (% or ppm)	d. Other Expected Compounds	e. Estimated Concentrations (% or ppm)
7A	TOLUENE DIISOCYANATE (584-84-9)	< 15%	DK	DK
	ALL OTHER MATERIALS ARE TRADE SECRETS - NOT ON MSDS			
7B	ALL MATERIAL ARE TRADE SECRETS - NOT ON MSDS	DK	DK	DK
7C	PRODUCT IS A SOLID (PLASTIC) - DK	DK	DK	DK

7.06 continued below

7.1	TOLUENE DIISOCYANATE (584-84-9)	< 15%	DK	DK
7.2	SAME AS 7.1			
7.3	SAME AS 7.1			
7.4	SAME AS 7.1			
7.5	SAME AS 7.1			
7.6	SAME AS 7.1			

[ ] Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

[1]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

N/A

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

[2]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

[3]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[ ] Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

[ ] Process type ..... MIXING, FRESH & FREEZER KITS OF CONAP EN-11

NA

[ ] Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN 11

NA

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

a. Stream ID Code	b. Type of Hazardous Waste[1]	c. Physical State of Residual[2]	d. Known Compounds[3]	e. Concentrations (% or ppm)[4,5,6] NA	f. Other Expected Compounds	g. Estimated Concentrations (% or ppm)

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[1]Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

[2]Use the following codes to designate the physical state of the residual:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[3]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

[4]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[5]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[6]Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

Code	Method	Detection Limi (± ug/l)
1		
2		
3		
4		
5		
6		

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAPEN11

NA

a. Stream ID Code	b. Type of Hazardous Waste[1]	c. Physical State of Residual[2]	d. Known Compounds[3]	e. Concentrations (% or ppm)[4,5,6]	f. Other Expected Compounds	g. Estimated Concentrations (% or ppm)

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[1]Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

[2]Use the following codes to designate the physical state of the residual:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[3]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

[4]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[5]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[6]Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

Code	Method	Detection Limi (± ug/l)
1		
2		
3		
4		
5		
6		

[ ] Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than on process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type ..... MIXING, FRESH & FREEZER KITS OF CONAPEN-11

NA

a. Stream ID Code	b. Waste Description Code[1]	c. Management Method Code[2]	d. Residual Quantities (kg/yr)	e. Management of Residual (%) On-Site	e. Management of Residual (%) Off-Site	f. Costs for Off-Site Management (per kg)	g. Changes in Management Methods

[1]Use the codes provided in Exhibit 8-1 to designate the waste descriptions

[2]Use the codes provided in Exhibit 8-2 to designate the management methods

[ ] Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than o process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[__] Process type .... USE OF ABLEBOND 724-14C AND CONAP EN-11

NA

a. Stream ID Code	b. Waste Description Code[1]	c. Management Method Code[2]	d. Residual Quantities (kg/yr)	e. Management of Residual (%) On-Site	e. Management of Residual (%) Off-Site	f. Costs for Off-Site Management (per kg)	g. Changes Manageme Methods

[1]Use the codes provided in Exhibit 8-1 to designate the waste descriptions
[2]Use the codes provided in Exhibit 8-2 to designate the management methods

[__] Mark (X) this box if you attach a continuation sheet.

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

[ ]

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

NA

[ ]

Incinerator	Air Pollution Control Device[1]	Types of Emissions Data Available
1		
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

[1]Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)
E = Electrostatic precipitator
O = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the CBI records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

[ ]

Data Element	Data are Maintained for: Hourly Workers	Data are Maintained for: Salaried Workers	Year in Which Data Collection Began	Number of Years Records Are Maintained
Date of hire	X	X	1953	INDEFINITE
Age at hire	X	X	1953	INDEFINITE
Work history of individual before employment at your facility	X	X	1953	INDEFINITE
Sex	X	X	1953	INDEFINITE
Race	X	X	1953	INDEFINITE
Job titles	X	X	1953	INDEFINITE
Start date for each job title	X	X	1965	INDEFINITE
End date for each job title	X	X	1965	INDEFINITE
Work area industrial hygiene monitoring data				
Personal employee monitoring data				
Employee medical history	X	X	1963	5 YRS. AFTER TERMINATION
Employee smoking history				
Accident history (WORK RELATED)	X	X	1987	INDEFINITE
Retirement date	X	X	1953	INDEFINITE
Termination date	X	X	1953	INDEFINITE
Vital status of retirees				
Cause of death data	X	X	1953	INDEFINITE

[ ] Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

[ ]

a. Activity	b. Process Category	c. Yearly Quantity (kg)	d. Total Workers	e. Total Worker-Hours
Manufacture of the listed substance	Enclosed	NA	0	0
	Controlled Release	NA	0	0
	Open	NA	0	0
On-site use as reactant	Enclosed	NA	0	0
	Controlled Release	NA	0	0
	Open	.3796	2	4
On-site use as nonreactant	Enclosed	NA	0	0
	Controlled Release	NA	0	0
	Open	NA	0	0
On-site preparation of products	Enclosed	NA	0	0
	Controlled Release	NA	0	0
	Open	.3796	2	8

[ ] Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

[ ]

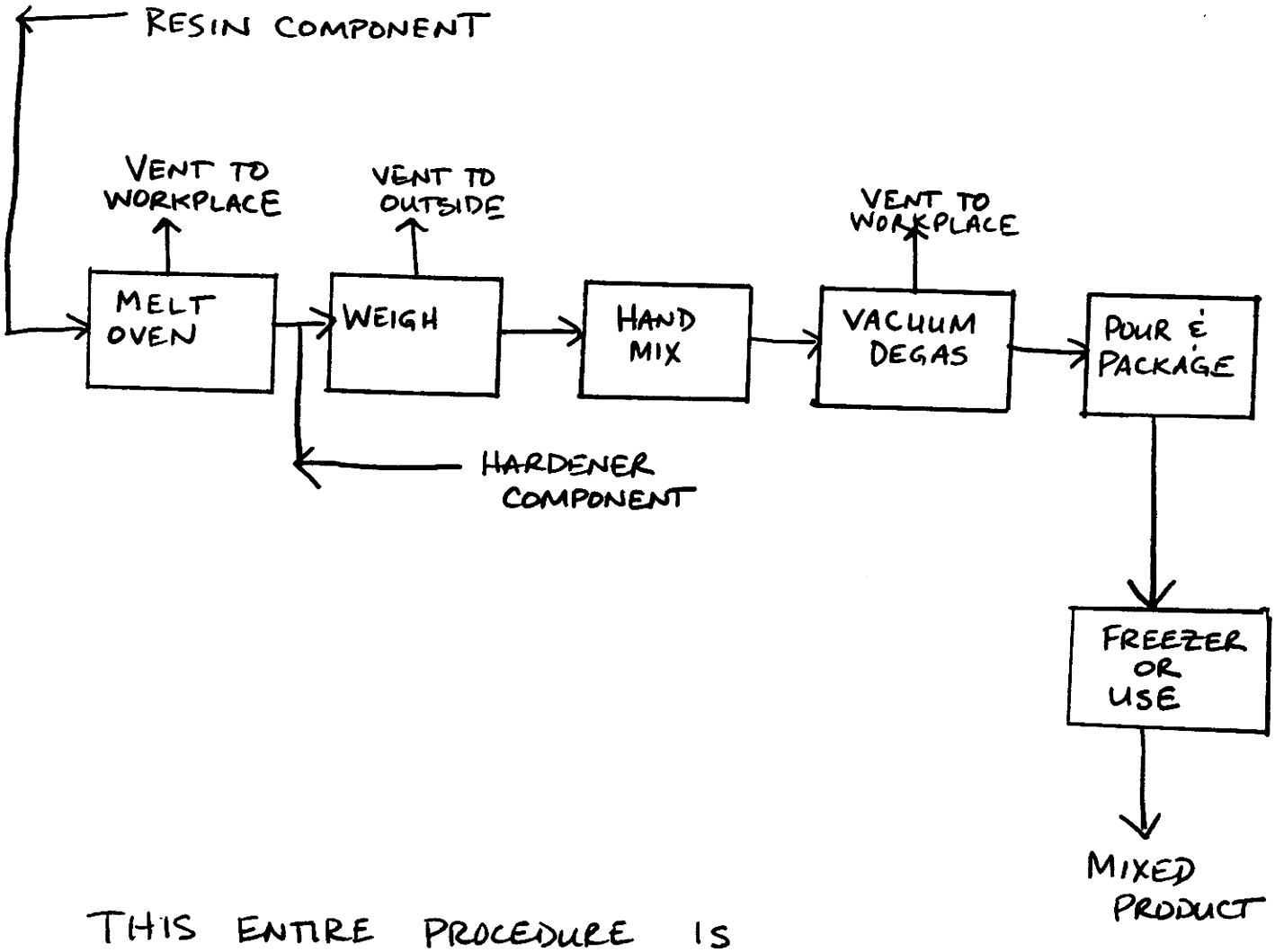
Labor Category	Descriptive Job Title
A	RESIN PROCESSOR - SENIOR
B	RESIN PROCESSOR - JUNIOR
C	PRODUCTION OPERATOR (ASSEMBLY)
D	LABORATORY TECHNOLOGIST
E	LABORATORY TECHNICIAN
F	
G	
H	
I	
J	

[ ] Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11



THIS ENTIRE PROCEDURE IS DONE IN ONE WORK AREA

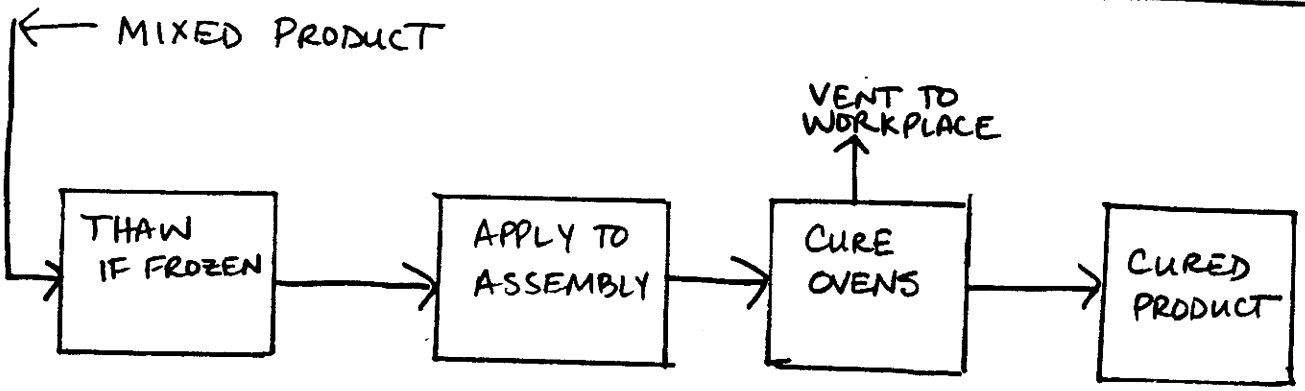
WORK AREA 1

[ ] Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

[ ] Process type ..... USE OF ABLESTBOND 724-14C AND CONAP EN-11



WORK AREA 1

[ ] Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Work Area ID	Description of Work Areas and Worker Activities
1	MIXING AND PREPARATION OF CATALYZED MATERIAL
~~2~~	
3	
4	
5	
6	
7	
8	
9	
10	

[ ] Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... USE OF ABLESTBOND 724-14C AND CONAP EN-11

Work Area ID	Description of Work Areas and Worker Activities
1	APPLY AND CURE COMPOUND
2	
3	
4	
5	
6	
7	
8	
9	
10	

[ ] Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Work area 1

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance[1]	Average Length of Exposure Per Day[2]	Number of Days per Year Exposed
A, B, C, E	2-4	DIRECT SKIN CONTACT	OL/G	A	≤ 12
		INHALATION	OL/G	A	≤ 12

[1] Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[2] Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours
D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

[ ] Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... USE OF ABLESBOND 724-14C AND CONAP EN-11

Work area 1

	Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance[1]	Average Length of Exposure Per Day[2]	Number of Days per Year Exposed
CONAP	C, D, E	3	DIRECT SKIN CONTACT	OL	A	≤ 12
			INHALATION	OL/G	A	≤ 12
ABLESBOND	C, D, E, B	4	DIRECT SKIN CONTACT	OL	A	≤ 12
			INHALATION	OL/G	A	≤ 12

[1]Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[2]Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours
D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

[ ] Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Work area 1

	Labor Category	8-hour TWA Exposure Level (ppm, mg/m^3, other-specify)	15-Minute Peak Exposure Level (ppm, mg/m^3, other-specify)
CONAP	C, D, E	UNDETERMINED - DO NOT KNOW	UNDETERMINED - DO NOT KNOW
ABLEBOND	C, D, E, B	UNDETERMINED - DO NOT KNOW	UNDETERMINED - DO NOT KNOW

[ ] Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Work area 1

Labor Category	8-hour TWA Exposure Level (ppm, mg/m^3, other-specify)	15-Minute Peak Exposure Level (ppm, mg/m^3, other-specify)
A, B, C, E	UNDETERMINED - DO NOT KNOW	UNDETERMINED - DO NOT KNOW

[ ] Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

[ ]

NA

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples[1]	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone						
General work area (air)						
Wipe samples						
Adhesive patches						
Blood samples						
Urine samples						
Respiratory samples						
Allergy tests						
Other (specify) _____						
Other (specify) _____						
Other (specify) _____						

[1]Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist
B = Insurance carrier
C = OSHA consultant
D = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

CBI

[ ]

Sample Type	Sampling and Analytical Methodology
NA	

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

[ ]

Equipment Type[1]	Detection Limit[2]	Manufacturer	Averaging Time (hr)	Model Number
NA				

[1]Use the following codes to designate personal air monitoring equipment types:

A = Passive dosimeter
B = Detector tube
C = Charcoal filtration tube with pump
D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

E = Stationary monitors located within work area
F = Stationary monitors located within facility
G = Stationary monitors located at plant boundary
H = Mobile monitoring equipment (specify) _____
I = Other (specify) _____

[2]Use the following codes to designate detection limit units:

A = ppm
B = Fibers/cubic centimeter (f/cc)
C = Micrograms/cubic meter (μ/m^3)

[ ] Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

NA

[ ]	Test Description	Frequency (weekly, monthly, yearly, etc.)

[ ] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Work area 1

Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:				
Local exhaust	Y	1980	N	NA
General dilution	N			
Other (specify)				
	N			
Vessel emission controls	N			
Mechanical loading or packaging equipment	N			
Other (specify)				
	N			

[ ] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Work area 1

Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgraded
Ventilation:				
Local exhaust	Y	1961	Y	1977
General dilution	N			
Other (specify)				
	N			
Vessel emission controls	N			
Mechanical loading or packaging equipment	N			
Other (specify)				
	N			

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... MIXING FRESH È FREEZER KITS OF CONAP EN-11

Work area 1

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
NA	

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Work area 1

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
NA	

[ ] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Work area 1

Equipment Types	Wear or Use (Y/N)
Respirators	Y
Safety goggles/glasses	Y
Face shields	N
Coveralls	N
Bib aprons	N
Chemical-resistant gloves	Y
Other (specify)	

[ ] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Work area 1

Equipment Types	Wear or Use (Y/N)
Respirators	Y
Safety goggles/glasses	Y
Face shields	N
Coveralls	N
Bib aprons	N
Chemical-resistant gloves	Y
Other (specify)	

[ ] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN11

Work Area	Respirator Type	Average Usage[1]	Fit Tested (Y/N)	Type of Fit Test[2]	Frequency of Fit Tests (per year)
1	ORGANIC VAPOR	C	N	NA	NA

[1]Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

[2]Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

[ ] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN11

Work Area	Respirator Type	Average Usage[1]	Fit Tested (Y/N)	Type of Fit Test[2]	Frequency of Fit Tests (per year)
1	ORGANIC VAPOR	C	N	NA	NA

[1]Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

[2]Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

[ ] Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

[ ]

Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN 11

Work area 1

NO CONTROLS ARE PRESENTLY USED

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN 11

Work area ..... EPOXY MIX ROOM

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping		X		
Vacuuming	X			
Water flushing of floors	X			
Other (specify)				

[ ] Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

[ ]

Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN11

Work area 1

NO CONTROLS ARE PRESENTLY USED.

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN11

Work area ..... ASSEMBLY

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping		X		
Vacuuming	X			
Water flushing of floors	X			
Other (specify)				

[ ] Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes 1

No ..... (2)

Emergency exposure

Yes 1

No ..... (2)

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No ..... (2)

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes 1

No ..... (2)

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

[ ] Industrial area 1

Urban area ..... (2)

Residential area ..... (3)

Agricultural area 4

Rural area 5

Adjacent to a park or a recreational area 6

Within 1 mile of a navigable waterway 7

Within 1 mile of a school, university, hospital, or nursing home facility ..... (8)

Within 1 mile of a non-navigable waterway 9

Other (specify) _____ 10

[ ] Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ..... 037 ° 14 ' 31 "

Longitude ..... 080 ° 25 ' 19 "

DK

UTM coordinates ..... Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation ..... _____ inches/year

Predominant wind direction ..... _____

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater ..... _____ meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

[ ]

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	NA	NA	NA
Importing	NA	NA	NA
Processing	Y	N	N
Otherwise used	NA	NA	NA
Product or residual storage	NA	NA	NA
Disposal	NA	NA	NA
Transport	NA	NA	NA

[ ] Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Stream ID Code	Control Technology	Percent Efficiency
	NONE ARE PRESENT	

[ ] Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Stream ID Code	Control Technology	Percent Efficiency
	NONE ARE PRESENT	

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI
[ ]

Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Point Source ID Code	Description of Emission Point Source
7D	VENT TO WORK PLACE
7E	VENT TO OUTSIDE
7F	VENT TO WORKPLACE
7.1	MELT RESIN IN OVEN
7.3	MIX RESIN WITH HARDENER

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

CBI

[ ]

Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Point Source ID Code	Description of Emission Point Source
7.B	VENT TO WORKPLACE
72	APPLY TO ASSEMBLY
73	CURE IN OVENS

[ ] Mark (X) this box if you attach a continuation sheet.

[ ] Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

Point Source ID Code	Physical State[1]	Average Emissions (kg/day)	Frequency[2] (days/yr)	Duration[3] (min/day)	Average Emission Factor[4]	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
7D	V	DK	≤ 12	60	DK	DK	DK	DK
7E	V	DK	≤ 12	5	DK	DK	DK	DK
7F	V	DK	≤ 12	15	DK	DK	DK	DK
71	V	DK	≤ 12	60	DK	DK	DK	DK
73	V	DK	≤ 12	15	DK	DK	DK	DK

[1]Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

[2]Frequency of emission at any level of emission

[3]Duration of emission at any level of emission

[4]Average Emission Factor — Provide estimated (± 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ] Mark (X) this box if you attach a continuation sheet.

Point Source ID Code	Physical State[1]	Average Emissions (kg/day)	Frequency[2] (days/yr)	Duration[3] (min/day)	Average Emission Factor[4]	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
7B	V	DK	≤12	240	DK	DK	DK	DK
72	V	DK	≤12	10	DK	DK	DK	DK
73	V	DK	≤12	240	DK	DK	DK	DK

[1]Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

[2]Frequency of emission at any level of emission

[3]Duration of emission at any level of emission

[4]Average Emission Factor — Provide estimated (± 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m)[1]	Building Width(m)[2]	Vent Type[3]
7D	.254	.3048 x .3048	72°	DK	4.572	68.58	V
7E	.254	.3048 x .3048	72°	DK	4.572	68.58	V
7F	.254	.3048 x .3048	72°	DK	4.572	68.58	V
71	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA

[1]Height of attached or adjacent building

[2]Width of attached or adjacent building

[3]Use the following codes to designate vent type:

H = Horizontal
V = Vertical

[ ] Mark (X) this box if you attach a continuation sheet.

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m)[1]	Building Width(m)[2]	Vent Type[3]
7B	.254	.1524 x .1572	72°	DK	4.572	68.58	V
72	NA	NA	NA	NA	NA	NA	NA
73	NA	NA	NA	NA	NA	NA	NA

[1]Height of attached or adjacent building

[2]Width of attached or adjacent building

[3]Use the following codes to designate vent type:

H = Horizontal
V = Vertical

[ ] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

[ ]

Point source ID code ..... NA

Size Range (microns)	Mass Fraction (% ± % precision)
< 1	
≥ 1 to < 10	
≥ 10 to < 30	
≥ 30 to < 50	
≥ 50 to < 100	
≥ 100 to < 500	
≥ 500	
	Total = 100%

[ ] Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipmen types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Percentage of time per year that the listed substance is exposed to this process type ..... <5% %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals[1]						
Packed						
Mechanical	X					
Double mechanical[2]						
Compressor seals[1]						
Flanges						
Valves						
Gas[3]	X					
Liquid						
Pressure relief devices[4] (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines[5] (e.g., purge, vent)						
Gas	X					
Liquid						

[1] List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

[ ] Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

[2]If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

[3]Conditions existing in the valve during normal operation

[4]Report all pressure relief devices in service, including those equipped with control devices

[5]Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI

[ ]

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel[1]	c. Control Device	d. Estimated Control Efficiency[2]
NONE			

[1]Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

[2]The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

[ ] Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Percentage of time per year that the listed substance is exposed to this process type ..... < 5% %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals[1]						
Packed						
Mechanical	X					
Double mechanical[2]						
Compressor seals[1]						
Flanges						
Valves						
Gas[3]	X					
Liquid						
Pressure relief devices[4] (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines[5] (e.g., purge, vent)						
Gas	X					
Liquid						

[1]List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

[ ] Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

[2]If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

[3]Conditions existing in the valve during normal operation

[4]Report all pressure relief devices in service, including those equipped with control devices

[5]Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI
[ ]

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel[1]	c. Control Device	d. Estimated Control Efficiency[2]
NONE			

[1]Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

[2]The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

[ ] Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... MIXING FRESH & FREEZER KITS OF CONAP EN-11

Equipment Type	Leak Detection Concentration (ppm or mg/m^3) Measured at ___ Inches from Source	Detection Device[1]	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
Pump seals					
Packed	NONE				
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

[1]Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer
FPM = Fixed point monitoring
O = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... USE OF ABLEBOND 724-14C AND CONAP EN-11

Equipment Type	Leak Detection Concentration (ppm or mg/m^3) Measured at ___ Inches from Source	Detection Device[1]	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Completed (days after initiated)
Pump seals					
Packed	NONE				
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

[1]Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer
FPM = Fixed point monitoring
O = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

[ ] Mark (X) this box if you attach a continuation sheet.

10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

[ ]

NA

Vessel Type[1]	Floating Roof Seals[2]	Composition of Stored Materials[3]	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operating Vessel Volume (l)	Vessel Emission Controls[4]	Design Flow Rate[5]	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate[6]

[1]Use the following codes to designate vessel type:

F = Fixed roof
CIF = Contact internal floating roof
NCIF = Noncontact internal floating roof
EFR = External floating roof
P = Pressure vessel (indicate pressure rating)
H = Horizontal
U = Underground

[2]Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
MS2 = Shoe-mounted secondary
MS2R = Rim-mounted, secondary
LM1 = Liquid-mounted resilient filled seal, primary
LM2 = Rim-mounted shield
LMW = Weather shield
VM1 = Vapor mounted resilient filled seal, primary
VM2 = Rim-mounted secondary
VMW = Weather shield

[3]Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

[4]Other than floating roofs

[5]Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

[6]Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

NA

Release	Date Started	Time (am/pm)	Date Stopped	Time (am/pm)
1				
2				
3				
4				
5				
6				

10.24 Specify the weather conditions at the time of each release.

Release	Wind Speed (km/hr)	Wind Direction	Humidity (%)	Temperature (°C)	Precipitation (Y/N)
1					
2					
3					
4					
5					
6					

[ ] Mark (X) this box if you attach a continuation sheet.

ES 465
AEU

OTS DOCUMENT RECEIPT OFC.

90 MAY 14 PM 4:11

C O N A P I N C .
1405 Buffalo St.
Olean, New York 14760
716/372-9650

========== MATERIAL SAFETY DATA SHEET ==========

Note: This form is to be used to comply with OSHA's Hazard Communication Standard, 29 CFR 1910.1200. Blank spaces are not permitted.

========== I. IDENTIFICATION ==========

Trade Name Conathane EN-11 Part A Date:12/29/88

Chemical Name, common name: Complex Mixture; Polyurethane Prepolymer

========== II. HAZARDOUS INGREDIENTS ==========

Chemical Names	CAS No.	%	ACGIH(TLV)	OSHA(PEL)	Other
Toluene 2,4 Diisocyanate	584-84-9	<15%	.005ppm TWA	.02ppm	ND

Material may present a dust hazard if cut, ground or machined after curing.

========== III. PHYSICAL DATA ==========

Boiling Point ND !Specific Gravity (H2O=1) 1.06
Vapor Pressure,mm Hg ND !Vapor Density (air=1) ND
Melting Pt./Range ND !Evaporation rate (Ether=1) ND
Solubility in Water: REACTS!Physical State: LIQUID
Percent volatile by volume:Negligible
Appearance and Odor: Liquid; For TDI Sharp pungent (odor threshold greater than TLV)

========== IV. FIRE AND EXPLOSION DATA ==========

Flash Point,F (Method): > 260 F PMCC
Flammable Limits ND LEL ND UEL ND
Extinguishing Materials:
-XX-Water Spray -XX-Dry Chemical -XX-Carbon Dioxide
-XX-Foam -ND-Other:
Special Firefighting Procedures/Unusual Fire or Explosion Hazards:
Full emergency equipment with self-contained breathing apparatus and full protective clothing should be worn by fire fighters. No skin surface should be exposed. During a fire TDI vapors and other irritating, highly toxic gases may be generated by thermal decomposition or combustion. At temperatures greater than 350 F TDI forms carbodiimides with the release of CO2 which can cause pressure build-up in closed containers. Explosive rupture is possible. Therefore, use cold water to cool fire-exposed containers.

========== V. HEALTH HAZARD INFORMATION ==========

ACUTE TOXICITY (Routes of entry)
Inhalation:
LC50.(4 hr.): Range 16-50ppm for 1-4 hr (Rat) on TDI. TDI vapors or mist at concentrations above the TLV can irritate (burning sensation) the mucous membranes in the respiratory tract (nose, throat, lungs) causing runny nose, sore throat, coughing, chest discomfort, shortness of breath and

reduced lung function (breathing obstruction). Persons with a preexisting, nonspecific bronchial hyperactivity can respond to concentrations below the TLV with similar symptoms as well as asthma attack. Exposure well above the TLV may lead to bronchitis. bronchial spasm and pulmonary edema (fluid in the lungs). These effects are usually reversible. Chemical or hypersensitive pneumonitis, with flu-like symptoms (e.g. fever, chills),has also been reported. These symptoms can be delayed up to several hours after exposure.

Ingestion:

ORAL,LD50 > 5800 mg/kg (Rats). Can result in irritation and corrosive action in the mouth, stomach tissue and digestive tract. Symptoms can include sore throat, abdominal pain, nausea, vomiting and diarrhea.

Eye Contact:

Strongly irritating (Rabbits) OECD Guidelines. Liquid, aerosols or vapors are severely irritating and can cause pain, tearing, reddening and swelling. If left untreated, corneal damage can occur and injury is slow to heal. however, damage is usually reversible.

Skin Contact:

Skin sensitizer in guinea pigs. One study with guinea pigs reported that repeated skin contact with TDI caused respiratory sensitization. Isocyanates react with skin protein and moisture and can cause irritation which may include the following symptoms: reddening, swelling, rash, scaling or blistering. Cured material is difficult to remove.

Skin Absorption:

ND

CHRONIC TOXICITY

Carcinogenicity:

--X-Yes: --X---NTP --X----IARC ----Federal OSHA

In a DRAFT of a lifetime bioassay, the National Toxicology Program reported that TDI caused an increase in the number of tumors in exposed rats over those counted in non-exposed rats. The TDI was administered by gavage where TDI was introduced into the stomach through a tube. In lifetime inhalation studies conducted by Hazelton Labs for the International Isocyanate Institute, TDI did NOT demonstrate carcinogenic activity in rats or mice.

Target Organ Affected:

No specific information available.

Effects of Overexposure:

Inhalation:

Inhalation of TDI vapors at concentrations above allowable limits can produce irritation of the mucous membranes in the respiratory tract resulting in running nose, sore throat, productive cough and a reduction in lung function (breathing obstruction). As a result of previous repeated overexposures or a single large dose, certain individuals may develop isocyanate sensitization (chemical asthma)

which will cause them to react to a later exposure to isocyanate at levels well below the TLV. Another type of response is hyperreactivity or hypersensitivity, in which persons, (as a result of a previous repeated overexposure or large single dose),can respond to small TDI concentrations at levels well below the .02ppm. Symptoms could be immediate or delayed and include chest tightness, wheezing, cough, shortness of breath or asthmatic attack. Hypersensitivity pneumonitis (with similar respiratory symptoms and fever which has been delayed) has also been reported. Similar to many non-specific asthmatic responses, there are reports that once sensitized an individual can experience these symptoms upon exposure to dust, cold air or other irritants. This increased lung sensitivity can persist for weeks and in severe cases for several years. Chronic overexposure to isocyanate has also been reported to cause lung damage (including decrease in lung function) which may be permanent. Sensitization can either be temporary or permanent.

Eyes:

Liquid, vapors or aerosols are severely irritating to the eyes and can cause tears. Prolonged vapor contact may cause conjunctivitis. Corneal injury can occur which can be slow to heal; however damage is usually reversible.

Skin:

TDI reacts with skin protein and tissue moisture and can cause localized irritation as well as discoloration. Prolonged contact could produce reddening, swelling, or blistering and, in some individuals, skin sensitization resulting in dermatitis. Once sensitized a individual can develop recurring symptoms as a result of exposure to vapor.

Ingestion:

Ingestion could result in irritation and some corrosive action in the mouth, stomach tissue and digestive tract. Symptoms can include sore throat, abdominal pain, nausea, vomiting and diarrhea.

Medical Conditions Aggravated By Exposure

Asthma, other respiratory disorders (bronchitis, emphysema, bronchial hyperreactivity), skin allergies, eczema.

FIRST AID: EMERGENCY PROCEDURES

Eye Contact:

Flush with clean, lukewarm water (low pressure) for at least 15 minutes, occasionally lifting eyelids, and obtain medical attention. Refer individual to an ophthalmologist for immediate follow-up.

Skin Contact:

Remove contaminated clothing. Wash effected areas thoroughly with soap or tincture of green soap and water. Wash contaminated clothing thoroughly before reuse. For severe exposures, get under safety shower, remove clothing under shower,get medical attention, and consult physician.

Inhalation:
Move to an area free from risk of further exposure. Administer oxygen or artificial respiration as needed. Obtain medical attention. Asthmatic-type symptoms may develop and be immediate or delayed up to several hours. Consult physician.
Ingested:
Do not induce vomiting. Give 12 fl. oz. of milk or water to drink. DO NOT GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON. Consult physician.
Recommendations to Physician:
Eyes: Stain for evidence of corneal injury. If cornea is burned, instill antibiotic steroid preparation frequently. Workplace vapors have produced reversible corneal epithelial edema impairing vision. This compound is a known skin sensitizer. Treat symptomatically as for contact dermatitis or thermal burns. There is no specific antidote for ingestion treat symptomatically. Inducing vomiting is contraindicated because of the irritating nature of this compound. TDI is a known pulmonary sensitizer. Treatment is essentially symptomatic. An individual having a skin or pulmonary sensitization reaction to this material should be removed from exposure to any isocyanate.

========== VI. REACTIVITY DATA ==========

Stability: --XX-Stable -NA--Unstable
Conditions to Avoid: Temperatures higher than recommended in product literature.
Incompatibility (materials to avoid):
Water, short chain alcohols, amines
Hazardous Decomposition Products
By heat and fire: carbon dioxide, carbon monoxide, oxides of nitrogen and traces of hydrogen cyanide, TDI.
Hazardous Polymerization:NA-May Occur X-Will not occur
Conditions to avoid:
ND

======== VII. SPILL, LEAK AND DISPOSAL PROCEDURES =======

Steps to be taken if material is released or spilled:
Consult section VIII for proper protective equipment. Cover the spill with sawdust, vermiculite, Fuller's earth or other absorbent material. Pour decontamination solution over the spill area and allow to react for at least 10 minutes. Collect the material in open top containers and add additional amounts of decontamination solution. Remove containers to a safe place, cover loosely, and allow to stand for 24 to 48 hours. Wash down spill area with decontamination solutions. Decontamination solutions: non-ionic surfactant Union Carbide's Tergitol TMN-10(20%) and water (80%); or concentrated ammonia (3-8%), detergent (2%), and water (90%). During spill clean-up, a self contained breathing apparatus or air line respirator and protective clothing must be worn. (See section VIII).
Reportable Quantity CERCLA: 100lbs
Waste Disposal Method:
Dispose according to any Local, State and Federal

Regulations.

========== VIII. SPECIAL HANDLING INFORMATION ==========

Respiratory Protection:

A positive pressure air-supplied respirator is required whenever TDI concentrations exceed the Short-Term Exposure or Ceiling Limit of .02ppm or exceed the 8 hour Time Weighted Average TLV of 0.005 ppm. An air supplied respirator must also be worn during spray application, even if exhaust ventilation is used. For non-spray , short-term(less than 1 hour) situations where concentrations are near the TLV, a full face, air-purifying respirator equipped with organic cartridges or canisters can be used. However, TDI has poor warning properties since the odor at which TDI can be smelled is substantially higher than the 0.02 ppm. Therefore, proper fit and timely replacement of filter elements must be ensured. Observe OSHA regulations for respirator use. (29CFR 1910.134).

Ventilation:

Local exhaust should be used to maintain levels below the TLV whenever TDI containing material is handled, processed, or spray-applied. At normal room temperatures (70 F) TDI levels quickly exceed the TLV unless properly ventilated. Standard reference sources regarding industrial ventilation (e.g.,ACGIH INDUSTRIAL VENTILATION) should be consulted for guidance about adequate ventilation.

Protective Gloves:Chemical resistant gloves (butyl rubber, nitrile rubber, polyvinyl alcohol). However, please note that PVA degrades in water.

Eye Protection:

Liquid chemical goggles or full face shield should be worn. Contact lenses should not be worn.

Other Protective Clothing or Equipment:Safety showers and eyewash stations should be available. Cover as much of exposed skin as possible with appropriate clothing.

Work Practices, hygienic practices

Educate and train employees in safe use of product. Follow all label instructions.

========== IX SPECIAL PRECAUTIONS ==========

Handling and Storage:

Store in tightly closed containers to prevent moisture contamination. Do not reseal if contamination is suspect.

Other Precautions:

Avoid contact with eyes and skin. Do not breathe the vapors.

========== X ADDITIONAL INFORMATION ==========

SARA Title III Requirements:

TDI is on the Extremely Hazardous Substance.

Chemical Name	Section: 302	CERCLA	313
Toluene 2,4 Diisocyanate	TPQ-500 LBS	RQ-100 LBS	YES

T.S.C.A. Status: On Inventory

==========

Name(print):George C. Karpin !This formulation is subject
Signature: George C. Karpin !to change without notice.
Title:Toxicological Coordinator!In case of accident use the
Date of last revision12/29/88!phone number provided.

To the best of our knowledge, the information contained herein is accurate and meets all state and federal guidelines. However,CONAP INC.does not assume any liability whatsoever for the accuracy or completeness of the information contained herein. All materials may present unknown hazards and should be used with caution. Although certain hazards are described herein, we cannot guarantee that these are the only hazards which exist. Final determination of the suitability of any material is the sole responsibility of the user.

//

Date approved 1/3/89 Approved:---

ND=Not Determined
NA=Not Applicable

1/3/89 Approved:---

ST ADDRESS.

State of California DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

MATERIAL SAFETY DATA SHEET

(This voluntary form is provided by Cal/OSHA to assist MSDS preparers and users. Any format may be used as long as it contains all the required information.)

I. PRODUCT IDENTIFICATION

Trade name (as labeled)
ABLEBOND 724-14C

Chemical names, common names
Polyurethane

Manufacturer's name ABLESTIK LABORATORIES

Address 833 W. 182nd Street, Gardena, CA 90248

Emergency phone (213) 532-9341 Name of preparer* STELLA JOU, CHEMIST

Business phone (213) 532-9341 Date prepared 07/25/86 Revised

II. HAZARDOUS INGREDIENTS

Chemical Names	CAS Numbers	Percent*	Exposure Limits in Air ACGIH(TLV)	OSHA(PEL)	Other
Toluene diisocyanate (TDI)	584-84-9	< 4	0.005ppm (TWA)		

TDI was found to be carcinogenic in mice and rats by gavage in corn oil in a recently published NCI bioassay. Six hours daily of inhalation exposure rats and mice of 0.05 and 0.15 ppm of TDI for 2 years did not produce an increase tumor incidence. Based on the usual route of TDI exposure, i.e. inhalation, the carcinogenic potential of TDI to humans has not yet been determined.

III. PHYSICAL PROPERTIES

Vapor density (air=1) not determined
Specific gravity 1.1
Solubility in water reacts in water
Vapor pressure, mmHg at 20 C not determined
Evaporation rate (butyl acetate = 1) slower than ether
Appearance and odor
Cloudy liquid; pungent odor

Melting point or range, F not determined
Boiling point or range, F not determined
Percent volatile by volume (%) not determined

HOW TO DETECT THIS SUBSTANCE* (warning properties of substance as a gas, vapor, dust, or mist)

*Not required. Space has been provided on this form for optional use.

NOTE: All categories should be addressed. If any item is not applicable, or no information is available, the space must be marked to indicate that. By November 25, 1985, California is expected to require all MSDS information required by the Federal OSHA Hazard Communication Standard, plus CAS numbers and an explanation of health effects in lay terms.

IV. FIRE AND EXPLOSION

Flash Point, F (give method) 350°F, CC
Autoignition temperature, F not determined
Flammable limits in air, volume %: lower not determined upper not determined
Fire extinguishing materials:

X water spray — carbon dioxide — other:
foam — X dry chemical

Special firefighting procedures:
Wear self-contained breathing apparatus.

Unusual fire and explosion hazards:
None known

V. HEALTH HAZARD INFORMATION

SYMPTOMS OF OVEREXPOSURE for each potential route of exposure.

Inhaled: Repeated inhalation of minimal amounts of vapor can cause respiratory sensitization and asthma. Maybe harmful if inhaled.

Contact with skin or eyes: Eyes: Exposure to vapor can cause irritation to eyes. Skin: Repeated, minimal contact with skin may cause sensitization.

Absorbed through skin:
Absorption through skin may be harmful.

Swallowed:
Oral LD50 (rats) for TDI -5800 mg/kg.

HEALTH EFFECTS OR RISKS FROM EXPOSURE. Explain in lay terms. Attach extra page if more space is needed.

Acute: See symptoms of overexposure, section V

Chronic:
See section II.

FIRST AID: EMERGENCY PROCEDURES

Eye Contact: Flush with water for at least 15 minutes. Seek medical attention.

Skin Contact: Wash immediately with soap and water. If irritation persists, seek medical attention.

Inhaled: Remove to fresh air immediately.

Swallowed: Seek medical attention immediately, and show container label.

SUSPECTED CANCER AGENT? FOR TOLUENE DIISOCYANATE

__ NO: This product's ingredients are not found in the lists below.
YES: __Federal OSHA X NTP __IARC __Cal/OSHA(see note)*

NOTE: California employers using Cal/OSHA-regulated carcinogens must register with Cal/OSHA.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE

RECOMMENDATIONS TO PHYSICIAN

VI. REACTIVITY DATA

Stability: _X_Stable __Unstable

724-14C

Conditions to avoid:
None known

Incompatibility (materials to avoid):
Moisture, strong oxidizing agents.

Hazardous decomposition products (including combustion products):
Substituted anilines, CO, oxides of nitrogen.

Hazardous polymerization: __May occur _X_Will not occur

Conditions to avoid:
None known

VII. SPILL, LEAK AND DISPOSAL PROCEDURES

Spill response procedures (include employee protection measures):

Wipe up with solvent saturated toweling and collect in an appropriate container for disposal.

Preparing wastes for disposal (container types, neutralization, etc.):

Dispose in an approved chemical disposal area or in a manner which complies with all local, state, and federal regulations.

VIII. SPECIAL HANDLING INFORMATION

Ventilation and engineering controls

Use with adequate ventilation. Local exhaust is recommended in confined areas.

Respiratory protection

Use NIOSH approved organic vapor respirator if needed.

Eye protection (type) Safety goggles with side shields.
Gloves (specify material) Rubber
Other clothing and equipment

Protective equipment to cover exposed areas.

Work practices, hygienic practices

Vent curing oven to outdoors.

Other handling and storage requirements

Store frozen at all times.

Protective measures during maintenance of contaminated equipment

Avoid contact with skin, eyes, and clothing. Good housekeeping is required. Avoid inhalation of vapors.

Litton
Poly-Scientific

Slip Ring Products
Security Systems
Fiber Optic Products
1213 North Main Street
Blacksburg, Virginia
24060-3100

MISDELIVERED 5/1/90

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF TOXIC SUBSTANCES
401 M SOUTHWEST
413 EAST TOWER
WASHINGTON, D.C. 20460
ATTN: GWEN McCULLOUGH T778

CAIR

Fold at line over top of envelope to the right of the return address.

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